# I. Subjective Data

- A. Refrain from providing in the following conditions
  - 1. Undiagnosed abnormal vaginal/uterine bleeding;
  - 2. Known or suspected pregnancy;
  - 3. Liver dysfunction or disease; benign or malignant liver tumors; active viral hepatitis;
  - 4. Known or suspected carcinoma of the breast;
  - 5. Active thrombophlebitis
  - 6. Allergy to Depo Provera.
- B. Exercise caution in the following situations and carefully monitor for adverse effects. Women in this category, must be provided with information regarding the way in which these conditions may add to a health risk for her. This discussion must be documented.
  - Cardiovascular conditions such as hypertension (160/100) with or without vascular disease; current history of ischemic heart disease; current or past history of thromboembolic disorders, or cerebral vascular disease
  - 2. Diabetes with nephropathy, retinopathy, and neuropathy or other vascular disease or diabetes of > 20 years duration;
  - 3. History of breast cancer without recurrence for 5 years.
  - 4. Breastfeeding and < 6 weeks post partum;

# II. Initial Objective Data

- A. Physical exam as per "Health Care Services, Section IV" of the Nursing Manual.
- B. Laboratory tests per "Health Care Services, Section IV" of the Nursing Manual.

# III. Assessment and Plan

- A. Client Education/Informed Consent
  - 1. Client will sign the Depo Provera Consent / Information Sheet
  - 2. Client will be informed that Depo offers no protection against sexually transmitted diseases, including HIV.
  - 3. Client will be counseled about the likelihood of irregular spotting for up to the first nine months, and of the likelihood of amenorrhea after the first year.

- 4. Client will be counseled that if she is planning a pregnancy within the next year, Depo might not be the right option for her. She should discontinue use of Depo approximately 12 months before she plans to conceive.
- 5. If she wishes to discontinue the use of this method for any reason, she should not get her reinjection at 12 weeks. She will have to wait for any side effects to wear off. If she does not wish to become pregnant, she must start a new method before the next shot would be due.
- 6. Staff will review with the client, at the time the client signs the consent, the "Black Box" warning regarding loss of bone mineral density. Client will also be given information from the studies showing reversal of the bone loss. Client will be given information regarding calcium and vitamin D recommendations and weight-bearing exercise, and this will be documented in the chart. After two years of continuous use, the risks and benefits of remaining on this method vs. changing to a different method will be discussed. This will be documented in the chart.
- B. Administering the injection of Depo Provera
  - 1. Client may be given her injection:
    - a. Within the first five days of a regular menses;
    - b. Anytime if she is on a highly effective method of birth control;
    - c. Within 5 days post-abortion or post-partum and not breast-feeding;
    - Anytime during the cycle if she has abstained from vaginal intercourse for two weeks and has a negative pregnancy test. (A back up method is required for 7 days).
    - e. Rarely, an anaphylactic or anaphylactoid reaction may occur immediately following Depo Provera injection. Manage as per your Medical Emergencies protocol. Clients should be encouraged to stay in the clinic for 20 minutes following the initial injection. (Contraceptive Technology, 18<sup>th</sup> Revised Edition, p. 481)
  - 2. Consideration may be given to administering Depo within 24 hours of taking ECP. Client must be counseled that since ECP is not 100% effective, pregnancy cannot be ruled out prior to injection. While there is no clear association with harmful effects, the client should be informed that the manufacturer does not recommend administering Depo if pregnancy cannot be ruled out. Use condoms for 7 days.
  - 3. DMPA 150 mg/ml in a deep IM injection. Do not massage site.
  - 4. Depo subQ104 Provera in a subcutaneous injection. Do not massage site.

# IV. Follow-Up Visits

A. Interim visits to be scheduled approximately every 12 weeks (range 11 – 13 weeks), and will include history update to detect possible side effects and to document the client's menstrual cycle/bleeding pattern over the previous 12 weeks.

- B. A client can receive a re-injection without evaluation for early pregnancy if she reports to the clinic within 13 weeks of the previous injection.
- C. If a client reports for re-injection beyond the 13th week, note the date of last sexual intercourse and do a pregnancy test. If the client had intercourse within the last 2 weeks, abstinence and a repeat pregnancy test 2 weeks after the last intercourse are indicated. If the Depo injection is given outside of menses, a back-up method should be used for 7 days. An alternative would be to offer emergency contraception followed by Depo Provera within 24 hours. (See III.B.2 on page 2 of this protocol.)
- D. Potential problems
  - 1. If any of the following occur, the client should be seen and evaluated at the earliest opportunity:
    - Very heavy, prolonged vaginal bleeding, or bleeding that lasts longer than 14 days;
    - Concern about possible pregnancy.
  - 2. Management of post-injection side effects:
    - a. Very heavy vaginal bleeding, or bleeding that lasts longer than 14 days:
      - Any low dose combination birth control pill for one or more cycles, if no contraindications
      - (2) Ibuprofen 800 mg po tid for 5-10 days
      - (3) Premarin 1.25 mg 2.5 mg po qd for 20 days, if no contraindications to estrogen exist. Repeat if necessary.
    - b. Excessive weight gain review diet and exercise.
- E. Annual visit and Pap smear screening, if indicated, as outlined in "Health Care Services, Section IV" of the Nursing Manual.
- F. Use of Non-Licensed Personnel to Administer Depo Re-injections

Since non-licensed personnel do not have the authority to administer injections, their ability to perform this activity is dependent on delegation from either a physician or a registered nurse.

 Physician Delegation: All supervision is the responsibility of the physician. The Board of Medical Examiners (BME) rules establish time frames within which the physician must be available to the non-licensed personnel (30 minutes). (Reference Rule 800: <a href="http://www.dora.state.co.us/medical/Rule800.htm">http://www.dora.state.co.us/medical/Rule800.htm</a>)

This could work in those agencies with a physician as an on-site health officer.

2. Registered Nurse Delegation: All supervision is the responsibility of the RN, and delegation must follow the rules set out by the Board of Nursing (BON). (Reference: www.dora.state.co.us/nursing/statutesandrules/ChapterXIII.htm)

- a. Delegation is always client and delegatee specific, meaning that the RN determines which non-licensed staff can administer Depo to which specific client. For instance, if Depo injections are scheduled appointments, then the RN can review the charts at the beginning of clinic and determine which clients do not require nursing judgment and can therefore be seen by a specific non-licensed staff person.
- b. Non-licensed personnel cannot operate under standing orders. Each injection must be delegated by the RN for a specific client.
- c. The RN responsible must document the delegated procedure in the client record. This can be accomplished by the RN's co-signature of the entry documenting the injection. A policy should be established to define what a RN co-signature on the Depo entry means.
- d. If the clinic uses non-licensed personnel for this function, and a standard form is used for Depo re-injection visits, you should consider adding a line for the RN to sign stating to whom the visit was delegated.

The following is a sample of a Depo-Provera Consent Form. This form can be downloaded from the Women's Health Unit website at:

http://www.cdphe.state.co.us/pp/womens/FPNursingConsntsForms.html.

## Depo-Provera Consent • Client Information Sheet

#### What is Depo-Provera?

Depo-Provera is a kind of birth control given by a shot. I understand that the shot contains only the hormone progestin. The shot keeps a woman from getting pregnant for 12 weeks by stopping the ovaries from producing eggs. Depo-Provera does not protect me from sexually transmitted diseases, including HIV.

#### How effective is Depo-Provera?

I understand that Depo-Provera is more effective than the pill, as long as I get another shot every 12 weeks. It is very important to get my shots on time. I know that if I want to get pregnant after stopping the shot, the amount of time it takes to get pregnant is different for different women. If I get my shot on the first 5 days of my period, it starts working right away. If I get my shot any other time, I should use a back-up method of birth control for 7 days.

## What are some of the side effects of Depo-Provera?

- -Irregular bleeding/spotting or no bleeding
- -Weight gain
- -Headaches
- -Allergic Reaction
- -Possible delay in getting pregnant after I stop getting the Depo-Provera (up to 18 months)
- -Depression
- -Loss of bone density

Use of Depo-Provera Contraceptive Injection may cause you to lose calcium stored in the bones. The longer you use Depo-Provera the more calcium you are likely to lose. More recent studies suggest that the calcium may return once you stop using Depo-Provera.

Loss of calcium may cause weak, porous bones (osteoporosis) that could increase the risk that your bones might break, especially after menopause. It is not known whether your risk of developing osteoporosis may be greater if you are a teenager when you start to use Depo-Provera.

Depo-Provera should only be used longer than 2 years if other birth control methods are inadequate or unacceptable.

### Healthy strong bones need:

- -Calcium 1000 to 1300 mg a day from food or supplements
- -Vitamin D 400 to 800 IU a day
- -Weight bearing exercise
- -Stop smoking
- -Decreased alcohol use

If I wish to become pregnant, if I have any side effects that I do not like, or if I wish to discontinue the method for any reason, I have to wait for the effects of the shot to wear off (at least 12 weeks). If I wish to change methods, I must start a new method before the time my next shot is due.

#### I know to call the clinic if I have:

- Heavy bleeding from the vagina that lasts longer than a normal period;
- Any symptoms of pregnancy or lower abdominal pain;
- Very bad headaches or blurred vision.

Client Signature	Date	Witness	Date

# Interpreter's Statement

I have translated the information and advice presented orally to the client who has chosen to use Depo-Provera. I have also read to her the consent form in a language she understands and explained its contents to her. To the best of my knowledge and belief she understands this explanation and voluntarily consents to an injection of Depo-Provera.

Interpreter's Signature	Date

The following is a sample of a Depo-Provera Evaluation Form. This form can be downloaded from the Women's Health Unit website at:

http://www.cdphe.state.co.us/pp/womens/FPNursingConsntsForms.html.

rvaine	Today's Date
	1 started:
Describe menstrual patter	n on Depo:
Date of last Depo injectio	n (shot):
Check if you are having a	ny of the following:
Headaches (	(different or more severe since starting Depo)
Dizziness Blurry or do	puble vision
Severe depr	ression
Heavy bleed	ding from the vagina
Weight gain	
Frequent ur	ination, breast tenderness, or other signs of pregnancy
Do you have any question	as about Depo-Provera?
Are you taking any other Any other comments:	
Any other comments:	
Any other comments:	have you been using Depo Provera?
Any other comments:  How many months/years	have you been using Depo Provera?
Any other comments:  How many months/years	have you been using Depo Provera?  Date
Any other comments:  How many months/years  Client Signature  TO BE COMPLETED I  If client has been receiving	have you been using Depo Provera?  Date  BY CLINIC STAFF  ag Depo Provera for more than 2 continuous years, please document
Any other comments:  How many months/years  Client Signature  TO BE COMPLETED I  If client has been receiving discussion of risk/benefits	have you been using Depo Provera?  Date  BY CLINIC STAFF  ag Depo Provera for more than 2 continuous years, please document sof continued use:
Any other comments:  How many months/years  Client Signature  TO BE COMPLETED I  If client has been receiving discussion of risk/benefits girls discussed girls not discussed girls not discussed girls.	have you been using Depo Provera?  Date  BY CLINIC STAFF  ag Depo Provera for more than 2 continuous years, please document
Any other comments:  How many months/years  Client Signature  TO BE COMPLETED I  If client has been receivin discussion of risk/benefits  discussed not discussed client wishes to:	have you been using Depo Provera?  Date  BY CLINIC STAFF  ag Depo Provera for more than 2 continuous years, please document sof continued use:
Any other comments:  How many months/years  Client Signature  TO BE COMPLETED I  If client has been receivin discussion of risk/benefits   discussed   not discussed Client wishes to:   continue Depo use: Rx.	have you been using Depo Provera?  Date  BY CLINIC STAFF  ag Depo Provera for more than 2 continuous years, please document sof continued use:  ussed because:  Given: Lot #  (Method order)
Any other comments:  How many months/years  Client Signature  TO BE COMPLETED I  If client has been receivin discussion of risk/benefits  discussed not discussed client wishes to:	have you been using Depo Provera?  Date  BY CLINIC STAFF  ag Depo Provera for more than 2 continuous years, please document sof continued use:  ussed because:  Given: Lot #  (Method order)  ge to:
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Any other comments:  How many months/years  Client Signature  TO BE COMPLETED I  If client has been receivint discussion of risk/benefits of not discussed of the continue Depo use: Rx.  discontinue Depo/chang  Wt: B/P:	have you been using Depo Provera?  Date  BY CLINIC STAFF  ag Depo Provera for more than 2 continuous years, please document sof continued use:  ussed because:  Given: Lot #  (Method order)  ge to:(New method order)